



**MaineCare Services**  
An Office of the  
Department of Health and Human Services

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May 11, 2009

**TO:** Interested Parties

**FROM:** Anthony Marple, Director, Office of MaineCare Services

**SUBJECT:** Adoption Major and Substantive final rule - MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder

This rule permanently adopts major substantive rules approved by the Maine State Legislature and currently in effect by emergency rule.

A public hearing was held on May 6, 2009. A work session was held on May 8, 2009. The legislature approved the rule as submitted. The final rule is effective June 28, 2009.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A copy of the public comments and Department responses can be viewed at and printed from the Office of MaineCare Services website or obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 624-7539, option 8 or 1-800-321-5557, extension option 8 or TTY: (207)287-1828 or 1-800-423-4331.

## Notice of Agency Rule-making Adoption

**AGENCY:** Department of Health and Human Services, Office of MaineCare Services

**CHAPTER NUMBER AND TITLE:** MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder.

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** This rule permanently adopts major substantive rules approved by the Maine State Legislature and currently in effect by emergency rule.

See [http://www.maine.gov/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/bms/rules/provider_rules_policies.htm) for rules and related rulemaking documents.

**EFFECTIVE DATE:** June 28, 2009

**AGENCY CONTACT PERSON:** Ginger Roberts-Scott, Comprehensive Health Planner

**AGENCY NAME:** Division of Policy and Performance Services

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**10-44 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER III**

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**SECTION 21                      ALLOWANCES FOR HOME AND COMMUNITY BENEFITS  
FOR MEMBERS WITH MENTAL RETARDATION  
OR AUTISTIC DISORDER**

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**ESTABLISHED: 11/1/83  
LAST UPDATED 6/28/2009**

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**GENERAL PROVISIONS**

**1000    PURPOSE**

The purpose of these regulations is to describe the reimbursement methodology for Home and Community Based Services waiver providers whose services are reimbursed in accordance with Chapters II and III, Section 21, Home and Community Benefits for members with Mental Retardation or Autistic Disorder of the MaineCare Benefits Manual. These Principles govern reimbursement for services provided on or after December 30, 2007. All services reimbursed in this section are considered fee for service.

**1050    DEFINITIONS**

**Fee for service-** is a method of paying providers for covered services rendered to members. Under this fee-for-service system, the provider is paid for each discrete service described in Appendix I to a member.

**Per Diem-** A day is defined as beginning at midnight and ending twenty-four (24) hours later. However, per diem Home Support services may be provided by more than one entity in a twenty-four hour period. When this occurs, only the entity providing Home Support to the member at the very end of the day will receive authorization to bill for the services provided that day. Per Diem reimbursement is allowable to a Home Support Provider who provides Direct support at some point during that day, if the member transfers to an environment that is not being reimbursed for Home Support for that same time period.

**Week** – A week is equal to seven consecutive days starting with the same day of the week as the provider's payroll records, usually Sunday through Saturday.

**Year-**Services are authorized based on the state fiscal year, July 1 through June 30.

**1100    AUTHORITY**

The authority of the Department to accept and administer any funds that may be available from private, local, State or Federal sources for services under this Chapter is established in 22 M.R.S.A. §§10, 12, and 3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S.A. §§12, 42(I), and 3173.

**1200    COVERED SERVICES** –Covered Services are defined in Chapter II, Section 21 of the MaineCare Benefits Manual.

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**1300 REIMBURSEMENT METHODS**

Services covered under this section will be reimbursed on a fee for service basis using one of these methods as follows:

- 1. Standard Unit rate** – A Standard unit rate is based on unit of measure for a billing procedure code. Services in the standard rate include:

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- A. Community Support Services;
- B. Home Support (Shared Living, Agency (1/4 hr), Family-Centered Support);
- C. Employment Specialist Services;
- D. Work Support;
- E. Consultation Services;
- F. Counseling;
- G. Crisis Intervention;
- H. Crisis Assessment;
- I. Occupational Therapy (Maintenance) Service;
- J. Physical Therapy (Maintenance) Service;
- K. Speech Therapy (Maintenance) Service;
- L. Non-Traditional Communication Consultation;
- M. Non-Traditional Communication Assessments;
- N. Communication Aids- Ongoing Visual-Gestural and Facilitated Communications; or
- O. Transportation Services.

- 2. Prior Approved Price** - The DHHS may approve a prior approved invoice price of an item or equipment being purchased for the member.

- A. Home Accessibility Adaptations- The DHHS will determine the amount of reimbursement after reviewing a minimum of two written itemized bids from different vendors submitted by the provider. Prior to services being delivered, written itemized bids must be submitted to the DHHS for approval and must contain cost of labor and materials, including subcontractor amounts. The DHHS will issue an authorization for the approved amount based on the written bids to the provider.
- B. Specialized medical equipment and supplies and Communication Aids- Speech Amplifiers, Aids, Communicators, Assistive Devices- The amount of payment for specialized medical equipment and supplies, and communication aids equipment, Speech Amplifiers, Aids, Communicators, Assistive Devices shall be the lowest of:
  - 1. Maximum MaineCare amount listed by applicable corresponding HCPCS codes published at least annually on the Department's website,

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**1300 REIMBURSEMENT METHODS (Cont)**

<http://www.maine.gov/dhhs/bms/providerfiles/codes.htm> and made available to providers;

2. The provider's usual and customary charges; or
3. The manufacturer's suggested retail price for any medical supply or medical equipment.
3. **Per Diem reimbursement** rate based on Standard hourly amount for Direct Support staff hours authorized and provided for Home Support services by an agency. For purposes of sections 1300-1500, an agency means a facility that routinely employs direct care staff to provide direct support services in an agency operated facility.

This reimbursement rate amount will be based on the number of direct support staff hours authorized and provided and the Direct Support hourly reimbursement amount. This will be calculated based on the billable rate calculation explained under Sections 1400 & 1500 of this Section.

**1400 CALCULATION OF THE AUTHORIZED PER DIEM RATE AMOUNT FOR  
STANDARD HOURLY REIMBURSEMENT AMOUNT FOR DIRECT SUPPORT STAFF  
HOURS AUTHORIZED**

The authorized per diem rate amount for all members in the facility is based on the range of aggregate weekly authorized hours of all members in the facility. The amount of the per diem rate is determined by adding the weekly authorized hours for all members in the facility together and multiplying by the established hourly Direct Support reimbursement rate. This product is then divided by the number of days of service per week (seven) then divided again by number of members in facility. Using the product, add on an additional five (5)% of the rate amount for the service provider tax expense. See Appendix 2A to calculate the per diem rate for Agency Home Support services. The hourly reimbursement amounts for direct support staff hour under each type of support service are included in Appendix 1.

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Only hours of services that have been authorized with Medical Add-on for a member to Agency Home Support will be reimbursed at the Medical Support reimbursement rate.

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**1500 CALCULATION OF PER DIEM BILLING RATE FOR STANDARD HOURLY  
REIMBURSEMENT AMOUNT FOR DIRECT SUPPORT STAFF HOURS  
AUTHORIZED AND PROVIDED**

Under this section, reimbursement is based on the lesser of the hours of service authorized or the actual hours provided, and using the same formulas as used in section 1400. The authorized per diem rate for all members in the facility is based on the range of aggregate weekly authorized hours of all members in the facility. The amount of the per diem rate will remain at the authorized rate amount if the actual total weekly direct support hours for the facility falls within the range of allowable support hours for the facility. The range of allowable weekly hours is based on authorized hours with the lowest hours in range at ninety two.5 (92.5)% of total authorized hours and the highest hours in the range at one hundred and five (105)% of the total authorized hours. If the actual total weekly direct support hours provided for the facility is less than the range of allowable weekly hours then the billable rate will be determined by using the actual support hours provided for all members in the facility for that week added together and multiplied by the established hourly Direct Support reimbursement rate. The product is then divided by the number of days of service per week (seven) then again by the number of members in facility. Using the product, add on an additional five (5) % of the rate amount for the service provider tax expense. See Appendix 2B to calculate the per diem rate for Agency Home Support services. The hourly reimbursement amounts for direct support staff hour under each type of support service are included in Appendix 1.

Effective  
3/29/09

Only hours of services that have been authorized and provided with a Medical Add-on for Agency Home Support for a member will be reimbursed at the Medical Support reimbursement rate.

**1600 AVERAGE BILLING METHOD**

When billing the Home Support Agency Per diem services providers may choose to bill for services provided using the weekly billing method or the monthly average billing method.

**Weekly billing method** - Providers bill at the end of the each week based on the actual number of hours of direct support provided in comparison to the hours authorized. If the actual total weekly direct support hours provided for the facility falls within the range of allowable total weekly authorized support hours for the facility then the facility bills at the authorized per diem rate.

If the actual total weekly direct support hours provided for the facility is less than the range of allowable total weekly authorized support hours for the facility then the billable rate is determined by using the actual weekly total support hours provided for the facility.

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**1600 AVERAGE BILLING METHOD (Cont)**

Providers may refer to the billable rate under the applicable table on <http://www.maine.gov/dhhs/OACPDS/DS/published-rates/home.html> or use Appendix 2A or 2B to calculate the billable amount.

**Monthly Average Billing Method** - Providers may calculate a monthly average of weekly direct support services hours provided at the end of each month. If a provider chooses to use the monthly average billing method then all days in the month must be billed using this method. To use this method a provider must submit claims after the last day of the month.

To determine the actual total weekly direct support hours, the actual total hours of direct support provided in the month from 1<sup>st</sup> day of the month through the last day of the month are divided by number of weeks in the month.

- A. If there are 31 days in the month, then the number of weeks in the month is 4.43.
- B. If there are 30 days in the month, then the number of weeks in the month is 4.29.
- C. If there are 29 days in the month, then the number of weeks in the month is 4.14.
- D. If there are 28 days in the month, then the number of weeks in the month is 4.00.

The result determines the average actual total weekly direct support hours provided by the facility for the entire month. If the average actual total weekly direct support hours provided by the facility falls within the range of allowable total weekly support hours that was authorized then the provider must bill at the authorized per diem rate.

If the average actual total weekly direct support hours provided by the facility is less than the range of allowable weekly support hours that was authorized then the billable rate will be determined by using the actual total support hours provided for the facility. Providers can determine the billable rate in the applicable table in Appendix in Chapter III.

**Partial Week**- There are situational changes, often unpredictable, that occur resulting in a change in the authorized hours of support in a facility mid-week. Examples include death of a member, unanticipated move or the start up of a new program mid-week.

In these instances, if the Provider has chosen to bill on a monthly basis, services for the week in which the authorization change occurred must be billed on pro-rated basis to determine the actual total weekly support hours provided using the formula below:

If services are provided for 1 day, then the number of actual hours provided is .1428.  
If services are provided for 2 days, then the number of actual hours provided is .2857.  
If services are provided for 3 days, then the number of actual hours provided is .4285.  
If services are provided for 4 days, then the number of actual hours provided is .5714.  
If services are provided for 5 days, then the number of actual hours provided is .7142.  
If services are provided for 6 days, then the number of actual hours provided is .8571.

Refer to the rate schedule to select the appropriate rate to bill based on the hours provided.



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**1700    REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM**

Providers must comply with all requirements as outlined in Chapter 1 and Chapter II, Section 21 of the MaineCare Benefits manual.

**1800    RESPONSIBILITIES OF THE PROVIDER**

Providers are responsible for maintaining adequate financial and statistical records and making them available when requested for inspection by an authorized representative of the DHHS, Maine Attorney General's Office or the Federal government. Providers shall maintain accurate financial records for these services separate from other financial records.

**1900    RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS**

When fiscal records are requested, providers have ten (10) business days to produce the requested record to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider entities related to the delivery of these services, including but not limited to daily census data, invoices, payroll records, copies of governmental filings, staff schedules, time cards, and member service charge schedule, or any other record necessary to provide the Commissioner with the highest degree of confidence that such services have actually been provided. The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

**2000    BILLING PROCEDURES**

Providers will submit claims to MaineCare and be reimbursed at the applicable rate for the service in accordance with MaineCare billing instructions for the CMS 1500 claim form.

When billing for Employment Specialist Services and Work Support Services that are provided in groups of more than one MaineCare member by one direct support staff, the total hours the direct support staff is providing these services should be divided proportionately among the number of members the services is being provided to. Based on the total hours of service provided, the total units of service for the total hours should be divided proportionately between each member in the group. The total amount of units billed for all members should not exceed the total hours of service provided by the direct support staff. For example, if a direct support worker is providing Work Support services to three (3) members at the same time for total of two (2) hours of service provided per day. Based on the proportional time spent with each member, two (2) units would be billed for member A, three (3) units would be billed for member B, and three (3) units would be billed for member C for a total of eight (8) units for two (2) hours of direct services.

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**2100    AUDIT OF SERVICES PROVIDED**

The Department shall monitor provider's claims for reimbursement by randomly reviewing the claim for services and verifying hours actually provided by collecting documentation from providers. Documentation will be requested from providers that correspond to dates of service on claims submitted for reimbursement as follows:

- a)      Payroll Records – Documentation showing the number of hours paid to an employee that covers the period of time for which the Direct Care hours are being requested.
- b)      Staffing Schedules per facility – Documentation showing the hours and the name of the direct care staff scheduled to work at the facility.
- c)      Member Records - Documentation that supports the service delivery of services that a member received.

**2200    RECOVERY OF PAYMENTS**

The Department may recover any amounts due the Department based on Chapter I of the MaineCare Benefits Manual.

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**Appendix I**

Effective  
3/29/09

<b>PROC. CODE</b>	<b>DESCRIPTION</b>	<b>MAXIMUM ALLOWANCE</b>
T2017	HOME SUPPORT (Habilitation, residential, waiver)	\$6.06 ¼ hr
T2017	HOME SUPPORT (Habilitation, residential, waiver) with Medical Add-On	\$7.25 ¼ hr
T2016	AGENCY HOME SUPPORT (Habilitation, residential, waiver)	See Appendix 2Aand 2B Per diem*
T2016	AGENCY HOME SUPPORT (Habilitation, residential, waiver) with Medical Add-On	See Appendix 2Aand 2B Per diem*
T2016	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-One member served	\$142.39 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-Two members served	\$71.20 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served	\$100.75 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served-increased level of support	\$216.08 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served	\$82.98 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served-increased level of support	\$190.31 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served	\$70.75 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served-increased level of support	\$172.53 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served	\$59.96 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served-increased level of support	\$156.83 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served	\$53.48 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served- increased level of support	\$147.41 Per diem

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**Appendix I (Cont)**

Effective  
10/1/08

<b>PROC. CODE</b>	<b>DESCRIPTION</b>	<b>MAXIMUM ALLOWANCE</b>
T2021	COMMUNITY SUPPORT (Day habilitation, waiver)	\$ 5.39 ¼ hr
T2021	COMMUNITY SUPPORT (Day habilitation, waiver) with Medical Add-On	\$ 6.59 ¼ hr
T2019	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)	\$7.57 ¼ hr
T2019	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)- with Medical Add-On	\$8.71 ¼ hr
H2023	WORK SUPPORT (supported employment)	\$7.05 ¼ hr
H2023	WORK SUPPORT (supported employment)- with Medical Add-On	\$8.19 ¼ hr
T2034	CRISIS INTERVENTION SERVICES	\$6.41 ¼ hr
S5165	HOME ACCESSIBILITY ADAPTATIONS (Home Modifications)	Per itemized invoice
T2029	SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES	Per itemized invoice
V5274	COMMUNICATION AIDS - SPEECH AMPLIFIER, AIDS, COMMUNICATORS (INCLUDING REPAIR AND MAINTENANCE), ASSISTIVE DEVICES	Per itemized invoice
W1902	COMMUNICATION AIDS - ONGOING VISUAL-GESTURAL AND FACILITATED COMMUNICATIONS SERVICES	\$6.00 ¼ hr
W103	CONSULTATION SERVICES - SPEECH THERAPY	\$6.00 ¼ hr
W1030	SPEECH THERAPY (MAINTENANCE)	\$13.87 1/4 hr
W1031	SPEECH THERAPY (MAINTENANCE)-Group	\$10.40 1/4 hr
W104	CONSULTATIVE SERVICES - OCCUPATIONAL THERAPY	\$ 6.00 ¼ hr
W1040	OCCUPATIONAL THERAPY (MAINTENANCE)	\$ 10.60 ¼ hr

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<b>PROC. CODE</b>	<b>DESCRIPTION</b>	<b>Appendix I (Cont)</b>	<b>MAXIMUM ALLOWANCE</b>
W105	CONSULTATIVE SERVICES - PHYSICAL THERAPY		\$ 6.00 ¼ hr.
S8990	PHYSICAL THERAPY (MAINTENANCE)		\$10.80 ¼ hr
H0031	CONSULTATION SERVICES – PSYCHOLOGICAL		\$ 6.50 ¼ hr
W127	COUNSELING		\$ 15.00 ¼ hr
W130	NON-TRADITIONAL COMMUNICATION CONSULTATION		\$ 10.00 ¼ hr
W131	NON-TRADITIONAL COMMUNICATION ASSESSMENT		\$ 10.00 ¼ hr
T1023	CRISIS ASSESSMENT		\$ 2500.00 Per Encounter
T2003	TRANSPORTATION		\$0.62 PER MILE

\*Provider-calculated, in accordance with base rates listed at Appendices 2A & 2B. For assistance with calculations, see Tables 1& 2 accessible through the DHHS website <http://www.maine.gov/dhhs/OACPDS/DS/published-rates/home.html> or by calling **1-800-321-5557 – (TTY): 1-800-606-0215**.

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**APPENDIX 2A**

**Weekly Hours Authorized per  
Facility**

**Home Support Agency per diem**

**Provider**

**Location Address**

**MaineCare Provider ID**


**Instructions**

MaineCare Member	Regular Support Hours	Medical Support Hours	Total Support Hours (sum total of all types of support hours)
A			
B			
C			
D			
E			
F			
<b>TOTAL weekly authorized support hours by each type</b>			
<b>RANGE</b>			
Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

Enter the weekly authorized support hours under each type by MaineCare member for this facility

Sum of total weekly authorized support hours for all members in facility by type of support and total facility.

The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

**Hourly Support reimbursement  
rates by type**

\$22.83

\$27.64

**Total Weekly Authorized amount  
for facility by type**

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Amount includes service provider tax expense

Total weekly authorized support hours multiplied by hourly support rate for each type

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**Number of days per week**

7

7

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**Number of members in facility(1 to 6)**

--	--	--

**Total Authorized Per Diem (Daily) rate amount**

(Total amount / Days) / # of Consumers

Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula. As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Calculation Tables 1& 2 are accessible through the DHHS website (<http://www.maine.gov/dhhs/OACPDS/DS/published-rates/home.html>). Providers may request paper copies of the tables by calling OMS at 1-800-321-5557 – (TTY): 1-800-606-0215.

THE DEPARTMENT EXPRESSLY DISCLAIMS THE ACCURACY OF THE CALCULATIONS TABULATED IN TABLES 1& 2 AND EXPRESSLY DISCLAIMS ANY AND ALL LIABILITY FOR LOSSES, INCURRED COSTS, OR OTHER DETRIMENT SUFFERED BY ANY PROVIDER AS A RESULT OF RELIANCE UPON INFORMATION CONTAINED IN TABLES 1& 2.

Table 1 is for members Authorized with Regular service, Table 2 is for members authorized with Medical Add-on service.

Seven(7) days in a week
Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of member in facility that are authorized for those types of services.

Total Weekly Authorized amount divided by number of days per week and then by the number for members in the facility for each type
--

MaineCare Member	Regular Support Rate	Medical Support Rate	
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily) rate by member
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**APPENDIX 2B**

**Weekly Hours Authorized & Billed per Facility**

**Home Support Agency per  
diem**

<b>Provider</b>		<b>Instructions</b>
<b>Location Address</b>		
<b>MaineCare Provider ID</b>		

**Authorized billable Rate Calculator**

MaineCare Member	Regular Support Hours	Medical Support Hours	Total Support Hours (sum total of all types of support hours)	
A				
B				
C				
D				
E				
F				
<b>TOTAL weekly authorized support hours by each type</b>				

Enter the weekly authorized support hours under each type by MaineCare member for this facility

Sum of total weekly authorized support hours for all members in facility by type of support and total facility.



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<b>RANGE</b>			
Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

**Hourly Support  
reimbursement rates by  
type**

\$22.83                  \$27.64

Amount includes service provider tax  
expense

**Total Weekly Authorized  
amount for facility by type**

--	--	--

Total weekly authorized support hours  
multiplied by Hourly support Rate for each  
type

**Number of days per week**

7                          7

Seven days in a week

**Number of members in  
facility(1 to 6)**

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Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of members in facility that are authorized for those services.

**Total Authorized Per  
Diem (Daily) rate amount**  
(Total amount / Days) / # of  
Consumers

--	--	--

Total Weekly Authorized amount  
divide by number of days per week  
and then by the number for members  
in the facility for each type

Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula. As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Calculation Tables 1 & 2 are accessible through the DHHS website (<http://www.maine.gov/dhhs/OACPDS/DS> published-rates/home.html). Providers may request paper copies of the tables by calling OMS at 1-800-321-5557 – (TTY): 1-800-606-0215.

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THE DEPARTMENT EXPRESSLY DISCLAIMS THE ACCURACY OF THE CALCULATIONS TABULATED IN TABLES 1 & 2 AND EXPRESSLY DISCLAIMS ANY AND ALL LIABILITY FOR LOSSES, INCURRED COSTS, OR OTHER DETRIMENT SUFFERED BY ANY PROVIDER AS A RESULT OF RELIANCE UPON INFORMATION CONTAINED IN TABLES 1 & 2.

Table 1 is for members Authorized with Regular service, Table 2 is for members authorized with Medical Add-on service.

MaineCare Member	Regular Support Rate	Medical Support Rate		
A				The total authorized per diem (daily) rate by member
B				
C				
D				
E				
F				
Actual Hours Calculator				

MaineCare Member	Actual Regular Support Hours	Actual Medical Support Hours		Actual Total Support Hours (sum total of all types of support hours)	
A					Enter the actual support hours provided for the week under each type by MaineCare member for this facility
B					
C					
D					
E					
F					
<b>Actual support hours provided in a week by Type</b>					Sum total of weekly actual hours of Direct Support provided
<b>Range of total Authorized support Hours</b>					The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

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Hours Authorized			
Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

If Actual weekly hours provided falls within or above the range of authorized total weekly support hours than the provider should bill at the authorized member Per Diem(daily) rate from above.

If Actual weekly hours provided falls below the range of authorized total weekly support hours than the provider should bill actual number of hours provided times the reimbursement rate. See calculator below

	<b>Regular Support Hours</b>	<b>Medical Support Hours</b>		<b>Total Actual Support Hours (sum total of all types of support hours)</b>
<b>Actual support hours provided in a week by type</b>				

Actual hours of Direct Support provided for the week by type. Sum is of total actual weekly support hours provided for facility

**Hourly Support reimbursement rates by type**

\$22.83

\$27.64

Amount includes service provider tax expense

**Total Weekly reimbursement amount for facility by type**

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Direct Support Hours multiplied by hourly support Rate

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**Number of days per week**

7

7

**Number of members in  
facility that were  
authorized and provided  
service by type**

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**Total Billable Per  
Diem(Daily) rate Amount**  
(Total amount / Days) / # of  
Consumers

--	--	--

Seven days in a week
Total Number of Members in facility that were authorized and provided services. For Medical Add On, it would only be the number of members in facility that are authorized and provided for those services.

Total Weekly reimbursement amount divide by the number of members in facility that were authorized and provided service, by type
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MaineCare Member	Regular Support Rate	Medical Support Rate	
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily) rate by member
--